FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 SEP 18 AM 8: 05

NAME OF COMMITTEE (in full)

FE7AN014

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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KEY STATES!	 	
ADDRESS (number and street)	10125 COMMERCITICION AN	5 NW
Check if different	141Te 1400111111	
than previously	ASHINGTON	DC 2016361-LI
2. FEC IDENTIFICATION NUMB	\mathcal{O}	STATE ▲ ZIP CODE ▲
Clo. O. S. C. C. 8.0 6	3. IS THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) May 20 (M Report	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6	Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4) Jul 20 (M7) (C) 12-Day Primary (12P)	Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	Grand	Record
January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	in the State of
5. Covering Period	C. C. 2.C.I.S through U.	6 30 2015
I certify that I have examined this R	eport and to the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	KOBORT P. VISSER	
Signature of Treasurer	but PVisses	Date 09 06 2015
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, 2011 (b) Cash on Hand at 1.0.1.65 Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Report Covering the Period:

From:

01 00 2011

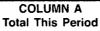
To:

06 30 20.71

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other	· ·	·
	Than Political Committees	lessing makeonly also for the design of the state of the	the self-mediane describer of marches after a the sentence the march
	(i) Itemized (use Schedule A)	المحميرات	O-N-
	,		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	(2,0)	b, o
	. , , , , , , , , , , , , , , , , , , ,		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	0.00	
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	0.0	
12.	Transfers From Affiliated/Other		
	Party Committees		
13.	All Loans Received	0.00	1,0021,002
		[n-d	
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures	Respond toward loaned liberary have value and Liberary have an Experient Principle Comments and the second in	Barra and December 2 december and december 2 to match a constitue and before and become all
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made	Attraction of the second	
	to Federal Candidates and Other		
	Political Committees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds	And the second s	THE CHARLES OF THE CONTROL MAN AND AN AND AN ANALYSIS OF THE CONTROL OF THE CONTR
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	•		
	(c) Total Transfers (add 18(a) and 18(b))	H	R # 675 B E 675 B
			·
40	Takel Describe Andd Lives 44/40	·	
19.	Total Receipts (add Lines 11(d),	in the state of th	lean the self-well-well-well-well-well-well-well-w
	12, 13, 14, 15, 16, 17, and 18(c))▶	Landon and Control	1,025.02
ე∩ ე	Total Federal Receipts		1
20.	(subtract Line 18(c) from Line 19)▶		
	(Subtract Line Fo(c) HOIT LINE 19)		g : #

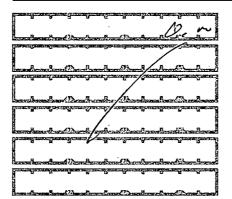
NOTE OF THE POST OF OR STORY

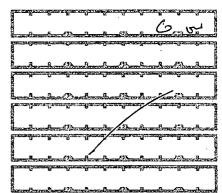
III. Net Contributions/Operating Expenditures



COLUMN B Calendar Year-to-Date

- 33. Total Contributions (other than loans) (from Line 11(d), page 3)
- 34. Total Contribution Refunds (from Line 28(d)).....
- 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3).....
- 38. Net Operating Expenditures (subtract Line 37 from Line 36)





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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF	
ITEMIZED RECEIPTS	for each category of the	(check only one)	
	Detailed Summary Page	11a 11b 11c 12	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	to have and address of any pointed committee	to solicit contributions work costs contributes.	
1	·		
/ KEY STATES			
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		Date of Receipt	
Maining Madrids			
City	State Zip Code	- I benefit knew board board boards	
)		Amount of Each Receipt this Period	
FEC ID number of contributing	December and home Burn decreases and security	the same of the sa	
federal political committee.	Charles a superior de la constante de la const	In the section of the land of	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	Addiedate teat-to-pate A	~~	
Other (specify) ▼	Books and Books and Brooks		
	A STATE OF THE PROPERTY OF THE	CANCE .	
Full Name (Last, First, Middle Initial)			
B.		Date of Receipt	
Mailing Address			
City	State Zip Code	handred handred bankershould	
		Amount of Each Receipt this Period	
FEC ID number of contributing	C. Jan Jan B. Barrier Barrier	harten harten to alumina harten de contra de c	
federal political committee.	la de la companya della companya del	in the state of th	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	lands a signature of the signature of th		
Other (specify) ▼			
)			
Full Name (Last, First, Middle Initial) C.	Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt	
·		A COLOR	
City	State Zip Code	Research Controllered Sourcelormoliteseniste	
		Amount of Each Receipt this Period	
FEC ID number of contributing		the state of the s	
federal political committee.		and the state of t	
Name of Employer	Occupation	-	
		<u></u>	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	Beneficial section of the section of		
Other (specify) ▼	473 4 45)		
SURTOTAL of Receipts This Page (ontional)			

TOTAL This Period (last page this line number only).....

	_	Key States	
	A.	Full Name (Last, First, Middle Initial)	Date of Disbursement
	. 1	Mailing Address	
	Č	City State Zip Code	·
		Purpose of Disbursement	Amount of Each Disbursement this Per
	(Candidate Name Category/ Type	
	Ō	Office Sought:	
-		State: District: Cull Name (Last, First, Middle Initial)	
E	в. Т	uli Name (Lasi, Filsi, Middle Illilai)	Date of Disbursement
	Ī	Mailing Address	
. ,	ō	City State Zip Code	
		Purpose of Disbursement	Amount of Each Disbursement this Peri
		Candidate Name Category/ Type	
		Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	
		tate: District: ull Name (Last, First, Middle Initial)	
C	C.		Date of Disbursement
	N	Mailing Address	
	ō	State Zip Code	
	F	rurpose of Disbursement	Amount of Each Disbursement this Peri
	Č	Category/ Type	
	7	Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	kanalan dan dan dan dan dan dan dan dan dan d

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

State:

District:

PAGE

28c

FOR LINE NUMBER:

22

28a

23

28b

(check only one)

21b

27

Use separate schedule(s)

for each category of the

Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

OF

30b

29

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Kiy States	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
GRIC F. STORR	Primary General
Mailing Address 1605 ORCHARD WAY City ANNO DOC S State m \ ZIP Co.	Other (specify) ▼ VALSE: STationery with 11
	de 21409 OFFICE meetings
Original Amount of Loan Cumulative Payment To	
in considerated 1 translational described Ligar Continued Security	17 0 2 5 5 5 5 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 5 6 5 6 5 6 5 6 5 6 5
Date Incurred Date Due	Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address .	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation .
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	<u> </u>
TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If	Beautiful and Remote and Security 13 Oct Control Security 15

20-15 - 00 - - 18 - 03 - 000225028

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		<u> </u>		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER			
KEY States		C		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name	heartmether trade - frank ar bearing	madamatan tana		
Pull Name N/A		1 %		
Mailing Address		THEN ! TO YOU! ! STANKEY !		
1	Date Incurred or Established			
City State Zip Code	Date Due	Committee American Section (1997)		
A. Has loan been restructured? No Yes	If yes, date originally incurred	d Deb		
B. If line of credit,	Total			
Amount of this Draw:	" " g Odistanding	and the second		
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors must	ed? st be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the lo	pan: real estate, personal	What is the value of this collateral?		
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,			
No Yes If yes, specify:				
		Does the lender have a perfected securit interest in it? No Yes		
E. Are any future contributions or future receipts of interes				
collateral for the loan? No Yes If yes, s	gecify:			
		hand a select of the select of		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).				
Date account established:	Address:			
hand : Land : Land				
and the second second second second second	City, State, Zip:			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.				
G. COMMITTEE TREASURER		DATE		
Typed Name		FRANK , ROTON ; PORTON		
Signature				
H. Attach a signed copy of the loan agreement.				
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. 				
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.				
III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CF	loan must be made on a basis R 100.82 and 100.142 in maki	s which assures repayment, and has ng this loan.		
AUTHORIZED REPRESENTATIVE		DATE		
Typed Name		THE STATE OF THE S		
Signature	9	locations location in the second		

SCHEDULE D (FEC Form 3X)	(Use separate PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:
Excluding Loans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full)	
Key States	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose)
10	·
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment T	This Period Outstanding Balance at Close of This Period
Contracting the contracting and the contraction of	The second secon
	landadinahan landada la
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
	This Period Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip	Code
	This Period Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page	e (last page only) ▶

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ New report Check if 24-hour report 48-hour report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Office Sought: Support House District: Oppose Senate President State: Primary General Disbursement For: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Name of Federal Candidate Support Office Sought: House District: Oppose Senate President State: Primary Disbursement For: General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

Signature

PAGE

FOR LINE 24 OF FORM 3X

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE	PAGE OF
(To be used only by Political Committees	in the General Election) FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)	grass Check if
Kiey States	24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? YES NO	Committee -
If YES, name the designating committee: Mailing Address	
N/A City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	Category/ Type
	Date Programme Control of the Contro
City State Zip Code	
Name of Federal Candidate Supported Office Sought House State	
Senate District Presidential	
Aggregate General Election Expenditure for this Candidate	in the second of
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure Category/
Mailing Address	Туре
City State Zip Code	Date
Name of Federal Candidate Supported Office Sought: House Senate District Presidential	e: Amount t:
Aggregate General Election Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure Category/
Mailing Address	Туре
City State Zip Code	Date / Carry /
Name of Federal Candidate Supported Office Sought: House State Senate District Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶	
SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)		
Risy States		
USE ONLY ONE SECTION, A or B		
A. State and Local Party Committees		
Fixed Percentage (select one)		
Presidential-Only Election Year (28% Federal)		
Presidential and Senate Election Year (36% Federal)		
Senate-Only Election Year (21% Federal)		
Non-Presidential and Non-Senate Election Year (15% Federal)		
B. Separate Segregated Funds and Nonconnected Committees		
Flat Minimum Federal Percentage		
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or		
If the committee is spending more than 50% federal funds, indicate ratio below		
Federal%		
Nonfederal %		
This ratio applies to (check all that apply):		
Administrative Generic Voter Drive Public Communications Referencing Party Only		

S	CHEDULE H2 (FEC Form 3X)		25.05
ΑI	LOCATION RATIOS		PAGE OF
N	AME OF COMMITTEE (In Full)		
	KEY STATES	<u> </u>	
	ATIOS FOR ALĽOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA CTIVITIES APPEARING ON THIS REPORT.		· •
М	ethods of allocation: N/A	•	
	 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pre	oportion of
	II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commistederal and nonfederal candidates, regardless of whether there is a rare allocated using a time space method.	it derived by federal cand nunications or voter drives	idates from the ac- that refer to both
	ACTIVITY OR EVENT IDENTIFIER	555534.4/	NONEEDEDAL
	ACTIVITY IS:	FEDERAL %	NONFEDERAL %
	Fundraising Direct Candidate Support	%	%
	CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER		
	ACTIVITY IS:	FEDERAL %	NONFEDERAL %
	Fundraising Direct Candidate Support	%	%
	CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:	FEDERINE 70	fariant and and and
	Fundraising Direct. Candidate Support	Complement of the state of the	%
	CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER	FEDERAL N	NONFEDERAL %
	ACTIVITY IS:	FEDERAL %	MONLEDEUYE 30
	Fundraising Direct Candidate Support	Amadamatantihandamat %	%
	CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER		
	ACTIVITY ON EVERY IDERVITED	FEDERAL %	NONFEDERAL %
	ACTIVITY IS:	francouries !	
	Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	Lean 1%	1-
	New Revised Same as Previously Reported		
	ACTIVITY OR EVENT IDENTIFIER		
	ACTIVITY IS:	FEDERAL %	NONFEDERAL %
	Fundraising Direct Candidate Support	%	%
	CHECK IF THE RATIO IS:	harisa basiliani i	

Same as Previously Reported

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)				
KEY States	·	·		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
N/A	LAND DOD : PORTO			
, (••	bootest hundred hundred	the state of the s		
BREAKDOWN OF TRANSFER RECEIVED	•	The state of the s		
i) Total Administrative		There & Secretary and There is house the contract of the contr		
ii) Generic Voter Drive	•	The state of the s		
1., 42.5.0 15.0 2.10				
iii) Exempt Activities	,	And Constitution of the Co		
iv) Direct Fundraising (List Activity or Event Ide	ntifier)			
`\	Bengamilik sapaggali usenggin en milika say di katas kulanga pepikangan katangan kangangan sayan manga	ung		
a)				
(b)	Leading the contraction of the c	· ·		
0)	James de marie and November and Some de marie and Some de la constitue de la c	Sheusendermakan and an and an		
c) Total Amount Transferred For Direct Fundra	aising			
v) Direct Candidate Support (List Activity or Ev	rent Identifier)			
		7		
a)	The said part of the street said son to see the said son	San		
b)	Enter the sale of the same of	188		
57	The state of the s	The second secon		
c) Total Amount Transferred For Direct Candid	date Support			
	\	Committee and more than the market to provide the committee and the committee of the commit		
vi) Public Communications Referring Only to I	Party (Made by PAC)	Comments and comments to the contract of the c		
TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	D ^ . [
TOTAL This Period (Administrative)	The second second second second	Action and the second s		
	the country were to the fill the country were the country with the country were the country with the country were the country with the country were the country	the contract of the contract o		
TOTAL This Period (Generic Voter Drive)	A Committee of the contract of	Photos Commission and Chinesis are seen		
	Inching to	the state of the same of the s		
TOTAL This Period (Exempt Activities)	The second secon			
TOTAL This Period (Direct Fundraising)		Design of many trademarker than the		
•	1	manistration of the manifest m		
TOTAL This Period (Direct Candidate Support)		and the same of th		
TOTAL This Control (Cubic Communication Co.	princes (applied			
TOTAL This Period (Public Communications Referring	Only to Party)	Accordance Samuel American American Samuel American American Samuel American Samuel American Samuel		
TOTAL This Period (Total Amount Transferred)		and and a collection of the co		
		THE CONTRACT OF THE CONTRACT O		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF		
FOR LI	JE 21:		FORM	37

N	AME OF COMMITTEE (In Full) KGV States				
_	Full Name (Last, First, Middle Initial)	<u> </u>			Allocated Activity or Event:
٦.			<u> </u>		Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
				-	
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	 	NONFEDERAL	SHARE	= TOTAL AMOUNT
		1	and the control of th		
	Full Name (Last, First, Middle Initial)	$\overline{}$			Allocated Activity or Event:
		_			Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		\		Allocated Activity or Event Year-To-Date
			1.		
	Activity or Event Identifier:			Category/	HART : DECT : PORTY
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			hyterree	and the second s
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
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	San Area Charles Constitution of the Constitut		d Bank and and Dece	dament de la company de la com	i i de la companya de
SL	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity This	Page NONFEDERAL	CUADE	TOTAL AMOUNT
	Earling Stranger Stra	Electric Control of the Control of t	MOM FOCUAL		
τC	ITAL This Period (last page for each line only)(Federal cha	re to 21(a)(i) and	NonFederal ch	pre to 21(a)(ii)
, .	FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
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		Armidenselv		Terralina March	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(to be used by State, District and Loca	a Party Committees Only)	FOR LINE 18b OF FORM 3X	
NAME OF COMMITTEE (In Full)			
Key States			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
NIA		The state of the s	
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration	VOTER REGISTR		
Total Amount Transferred for Vote	r Registration		
	lane all manufactures (There all new collections (There is a second new collection)	discontinued and the second se	
ii) Voter ID	the state of the s	The second secon	
Total Amount Transferred for Vote	r ID	Euroc General Bourt Brown Stances	
iii) GOTV	- Annual Control of the Control of t	GOTV	
Total Amount Transferred for GOT			
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY	
1 - 1	eric Campaign Activity	antitus second transmission of the second transm	
	Same	and de sea and the season of t	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
·	HEALT STORY AND STORY		
	Samuel Proceedings of the section of	homeliand and the show the state of the stat	
BREAKDOWN OF THIS TRANSFER	\		
i) Voter Registration	VOTER REGISTR		
Total Amount Transferred for Vote	r Registration.\	5 J. S.	
W Moder ID	· \	OTER ID	
ii) Voter ID Total Amount Transferred for Vote	\	all-amonthmentilanest transferences	
	Samuel Described Committee	GOTV	
iii) GOTV	Bezwalicenzillen	# Decembracy Congression of the control of the conference of the c	
Total Amount Transferred for GOT	V	ti landine dia di la ville en la mala cardina di	
iv) Generic Campaign Activity	\ <u></u>	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Gene	eric Campaign Activity	Character and the second and the sec	
			
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)			
		N CHANGE WAS ARREST OF THE CHANGE OF THE CHA	
TOTAL This Period (Voter Registration)			
4.		elektrica per entre en	
TOTAL This Period (Voter ID)			
TOTAL This Period (GOTV)	ं क्रांच्या रहेत्व स्वाधीनसम्	dille materialism di Dominism militari mandilism mi	
}		and the second state of the second state of the second state of the second seco	
TOTAL This Period (Generic Campaign A	ctivity)	Branch Branch was the west About the section of the	
TOTAL This Period (Total Amount of Tran	nsfers Received)	The said and the said state of	
<u> </u>			

PAGE

OF

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 30a OF FORM 3X

AME OF COMMITTEE (In Full)	
KEY States	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
-1/2	Voter ID Generic Campaig
<i>N</i> / <i>★</i> }	· ·
Mailing Address	Allocated Activity or Event Year-To-Date
`\	
City State Zip Code	lander to the state of the stat
Purpose of Disbursement	LANG FOR FOR THE PROPERTY OF T
Category/	Date Land
FEDERAL SHARE	= TOTAL AMOUNT
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B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
and the fact of the state of th	Voter Registration GOTV
\ .	Voter ID Generic Campaig
\ .	
Mailing Address	Allocated Activity or Event Year-To-Date
Ividinity Address	Lander Court of the Court of th
City State Vin Code	
City State Vip Code	Commission of the same of the
Purpose of Diphuroscent	Many : Share : EARATORA
Purpose of Disbursement Category/	Date
Type	Date Beechmal bender Smillians
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
Consideration of the second se	
handson the should be shou	The state of the s
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
\	Voter Registration GOTV
	Voter ID Generic Campai
	Allowated Auticity on French Very Te D. C.
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
	Propositional Committees Harmon Committees Har
Purpose of Disbursement Category/	THE THE COURT OF T
Type	Date 1
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
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BTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE	The second secon
FEDERAL SHARE + LEVIN SHARE	
FEDERAL SHARE + LEVIN SHARE TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 5 FEDERAL SHARE	30(a)(ii)) TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii) and Levin share to 30(a)(iii) and Levin share to 30(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(30(a)(ii))
FEDERAL SHARE + LEVIN SHARE TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE LEVIN SHARE	30(a)(ii)) TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 3 (a)(ii) and Levin share to 3 (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	30(a)(ii)) TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE LEVIN SHARE	30(a)(ii)) TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

CHAN	IF OF COMMITTEE /I- E.IIV		
NAM	IE OF COMMITTEE (In Full)		•
NAM	E OF ACCOUNT		
	- Noth	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		particular properties of the section
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		and the second s
	(c) GOTV	The second second from the second	and the same of th
	(d) Generic Campaign	Commission of Co	
	(e) Total	# - · \- · · · · · · · · · · · · · · · ·	
5.	OTHER DISBURSEMENTS	Comments of the second	
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	Area and the second of the sec	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	Seasofter reference of market of processing and processing and the seasofter of the seasoft	and the second s
8.	RECEIPTS		
9.	SUBTOTAL(Add Lines 7 and 8)		particular de la company de la
10.	DISBURSEMENTS(From Line 6)	हा कार के किए के किए कार के किए क 	many many many many many many many many
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)	Constitution of the second constitution of the s	

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SCHEDULE L-A (FEC Form 3X)	Use separate schedule(s)	PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not be or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address		Date of Receipt
Name of Employer or Principal Place of Business Occupation	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
B. Mailing Address		The state of the s
City State Name of Employer or Principal Place of Business	Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Occupation		The second secon
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Zip Code	the modern angles with particular and many transfer and transfer and particular angular
Occupation	`	Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	>	Secret Charge of a self-manife manife

TOTAL This Period (last page this line number only).....

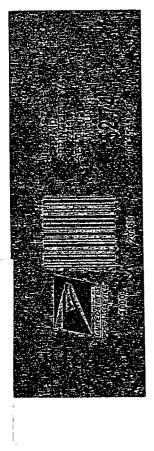
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAGE	OF
(check only one)	1a 4c	5

OF FEAIN LONDS	, iggregation rage			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) KBY STATES				
Full Name (Last, First, Middle Initial) / Full Organization Name A. Mailing Address City State Purpose of Disbursement	Zip Code	Date of Disbursement Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Pull Organization Name B. Mailing Address		Date of Disbursement		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization Name C. Mailing Address		Date of Disbursement		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization Name D. Mailing Address		Date of Disbursement		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization Name E. Mailing Address		Date of Disbursement		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>			
TOTAL This Period (last page this line number only)				



FEDERAL ELECTION COMMISSION 999 E Street, NW Washington, DC 20463

Key States 1025 Connecticut AVE, NW Suite 1000 Washington, DC 20036

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PREPARER (3/2015)